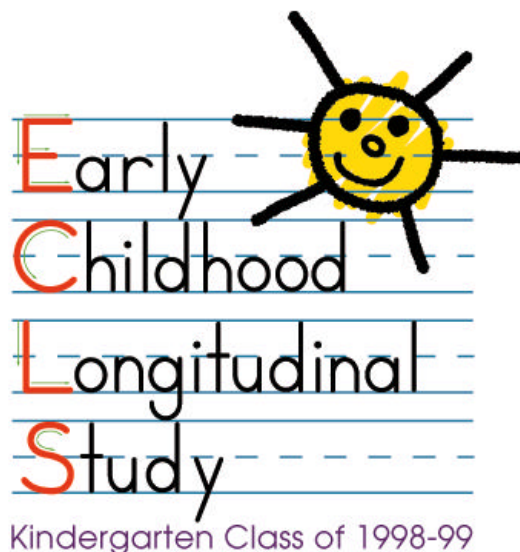


# SPRING 2000

## SPECIAL EDUCATION TEACHER QUESTIONNAIRE

### PART A



LABEL

Prepared for the U.S. Department of Education  
National Center for Education Statistics

by Westat  
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#### Assurance of Confidentiality

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your response will be reported.

Dear Special Education Teacher/Service Provider,

The Early Childhood Longitudinal Study Kindergarten Class of 1998-1999 (ECLS-K) is also collecting information from the special education teachers/service providers of sampled children with disabilities to investigate the relationship between the student's achievement and various school, classroom, and home factors. This questionnaire collects information concerning your background and your work with students with disabilities in this school.

Obviously, only you can provide this important information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. The information you provide is being collected for research purposes only and will be kept strictly confidential.

Please record your answers directly on the questionnaire by circling the appropriate number or by writing your responses in the space provided.

Thank you very much for your help.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 555 New Jersey Avenue, N.W., Washington, DC 20208.

## YOUR BACKGROUND

1. What is your gender?

Male ..... 1

Female ..... 2

2. In what year were you born? 19\_\_\_\_\_

3. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.

Yes ..... 1

No ..... 2

4. Which best describes your race? CIRCLE ALL THAT APPLY.

American Indian or Alaska Native ..... 1

Asian ..... 2

Black or African American..... 3

Native Hawaiian or Other Pacific Islander ..... 4

White..... 5

5. Counting this school year, how many years in total (including part-time) have you worked in this school? CIRCLE ONLY ONE NUMBER.

1-3..... 1

4-10..... 2

11-15..... 3

More than 15 ..... 4

6. Counting this school year, how many years have you been working with students receiving special education or related services? CIRCLE ONLY ONE NUMBER.

Less than 1 year ..... 1

1-2 years ..... 2

3-5 years ..... 3

6-10 years ..... 4

11-24 years..... 5

25 years or more ..... 6

7. What is the highest level of education you have completed? CIRCLE ONLY ONE NUMBER.

- High school diploma or GED..... 1
- Associate's degree..... 2
- Bachelor's degree..... 3
- At least one year of course work beyond a Bachelor's but not a graduate degree..... 4
- Master's degree..... 5
- Education specialist or professional diploma based on at least one year of course work past a Master's degree level..... 6
- Doctorate..... 7

8. Which of the following credentials do you have to work with children with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

- |  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| a. Emergency credential.....   | 1          | 2         |
| b. Provisional credential .....  | 1          | 2         |
| c. Disability-specific credential or endorsement.....  | 1          | 2         |
| d. Special education credential or endorsement (for more than one disability category).....    | 1          | 2         |
| e. General education credential .....  | 1          | 2         |
| f. Speech/language license.....  | 1          | 2         |
| g. Physical therapy license .....  | 1          | 2         |
| h. Occupational therapy license.....   | 1          | 2         |
| i. Other professional license, credential, or endorsement<br>(Please Specify):_____            | 1          | 2         |
| <hr/>  |            |           |
| j. Don't have special education or other professional credential, endorsement or license ..... | 1          | 2         |

9. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

a. Early childhood education.....	0	1	2	3	4	5	6+
b. Early childhood special education.....	0	1	2	3	4	5	6+
c. Elementary education.....	0	1	2	3	4	5	6+
d. Secondary education.....	0	1	2	3	4	5	6+
e. English as a second language (ESL) ....	0	1	2	3	4	5	6+
f. Bilingual education .....	0	1	2	3	4	5	6+
g. General special education .....	0	1	2	3	4	5	6+
h. Learning disabilities .....	0	1	2	3	4	5	6+
i. Mental retardation.....	0	1	2	3	4	5	6+
j. Orthopedic impairments.....	0	1	2	3	4	5	6+
k. Serious emotional disturbance.....	0	1	2	3	4	5	6+
l. Deafness .....	0	1	2	3	4	5	6+
m. Blindness.....	0	1	2	3	4	5	6+
n. Communication disorders .....	0	1	2	3	4	5	6+
o. Infants and toddlers with disabilities.....	0	1	2	3	4	5	6+
p. Physical therapy .....	0	1	2	3	4	5	6+
q. Occupational therapy.....	0	1	2	3	4	5	6+
r. School psychology.....	0	1	2	3	4	5	6+

10. Which of the following best describes your current position in this school? CIRCLE ONLY ONE NUMBER.

Special education teacher.....	01
Special education teacher consultant.....	02
General education teacher.....	03
Speech and language therapist.....	04
Physical therapist.....	05
Physical therapy assistant or aide .....	06
Occupational therapist .....	07
Occupational therapy assistant or aide.....	08
School psychologist .....	09
Special education classroom aide .....	10
Other (Please Specify): .....	11

11. During this school year, where did you work with students with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
In a general education classroom.....	1	2
In a special education classroom .....	1	2
In a non-classroom space (office, therapy room, small work space, mobile van, etc.) .....	1	2
Other (Please Specify): _____	1	2
_____		
I do not work with students directly.....	1	2

12. During this school year, how many students with IEPs did you work with, on average, each week? (Include students you work with directly, as well as students for whom you consult with the general education teacher) CIRCLE ONLY ONE NUMBER.

1-10.....	1
11-20.....	2
21-40.....	3
More than 40 .....	4
Don't know.....	8

13. DATE QUESTIONNAIRE COMPLETED:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR